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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/736,127			ing Date 15/2003	☐ To be Mailed	
	AF	PPLICATION A	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
	FOR	-	MBER FILED		(Column 2) NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (c)	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (i		N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	Œ	N/A	N/A		N/A		. N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		16 minus 20 =		• 0			x \$ =		OR	X \$18=	0	
IND	EPENDENT CLAIM CFR 1.16(h))	s	2 minus 3 =		٠0			x \$ =			X \$86 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheed is \$25 addition 35 U.	sheets of paper, the a s \$250 (\$125 for sma additional 50 sheets o 35 U.S.C. 41(a)(1)(G)			or fraction thereof. See and 37 CFR 1.16(s).				·			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTAL			TOTAL	0	
* If the difference in column 1 is less than zero, enter "0" in column 2.										ı	IOIAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	01/16/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 16	Minus	 28		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.18(h))	• 2	Minus	3		= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))												
<i>'</i>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT	1/20/07	CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY) FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(1))	· X	Minus	. 0	27	= 7)		x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	٠ ک	Minus	***	3	= ()		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]		/	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.16(j))									OR		Y	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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